

Superior Capsular Reconstruction

Dr. Michael Thomas Edgerton

Phase I (weeks 0-6) – Maximum Protection

Goals: Protect surgical repair

Minimize pain and inflammation

Maintain mobility of accessory joints

Postural education

Sling: x 6 weeks – ok to remove for hygiene and exercises only

Hygiene: Ok to let arm dangle to complete hygiene

Exercises:

Ankle pumps to prevent risk of DVT

Scapular retraction/depression

Cervical AROM and chin tucks

Active hand and wrist ROM

Ball squeezes

Encourage walks and low intensity cardiovascular exercise to promote healing

*No AROM/AAROM of shoulder for 6 weeks

Manual Intervention: Scar tissue mobilization when incisions are healed

Other: Instruction on donning/doffing sling and clothing

Ice and modalities to reduce pain and inflammation

Phase II (weeks 6 – 12) – Range of Motion and Muscular Endurance

Notes: Rehabilitation follows a program typical of a post-op massive rotator cuff repair. Emphasis should be placed on muscle activation of the deltoid, specifically the middle and posterior fibers, along with regaining as much ER function as possible. No specific ROM limitations, but motion should be pain-free. This phase can potentially take a significant amount of time to properly retrain the remaining RC musculature, deltoid, & periscapular musculature to function in concert with the superior capsule graft.

Goals: Discontinue sling via gradual progressive weaning

Postural education

Restore PROM and AROM while managing pain

Improve rotator cuff endurance

Establish normal scapulohumeral rhythm

Return to light functional ADL's at waist level

Exercises:

Begin pain-free PROM for forward elevation, scaption, IR, and ER

Initiate AAROM week 7 if PROM is progressing appropriately and pain is properly managed.

(supine, prone, side-lying → progress to seated or standing as tolerated)

Pendulums

Supine dowel flexion

Supine dowel ER

Open chain proprioception

Scapular isometrics (retraction, protraction, depression, elevation)

Sub-maximal glenohumeral isometric (flexion, abduction, IR, ER, extension, bicep, tricep)

Progress to AROM when patient demonstrates effective isometric muscle contraction, fair muscle activation with AAROM, & pain is effectively managed (supine, prone, side-lying → standing)

Side-lying ER with towel roll, place and holds in ER with eccentric return to neutral position

*ER may potentially be limited based on pre-surgical level of function and availability and integrity of salvageable external rotator cuff tissue.

Side-lying deltoid AROM -- progress to isotonic exercises

Gradual introduction to IR using shoulder extensions (stick off back)

Serratus activation - ceiling punch (may need assistance initially) – progress to push up plus

Scapular strengthening – prone scapular series (rows & l's). Emphasize scapular strengthening below 90

Manual Intervention: Soft tissue mobilization

Scar tissue mobilization

Graded GH mobilizations

Phase III (weeks 12 - 16) – Strength Training

Goals: Advancement of strength with focus on improving functional ROM and strength while maintaining good scapulohumeral rhythm.

Restoration of functional ROM

Progression to higher level functional activities

Exercises:

Continue PROM and AROM

Continue with stick off the back progressing to IR and sleeper stretch

Ceiling punch with resistance

Light resistance bands below shoulder level (IR, ER, serratus punch, row)

Bicep/tricep PRE

Prone row PRE

Initiate closed chain stabilization exercises (start in low load position while standing with hands on wall, progressing to declined or quadruped position – planks may be too demanding at this time)

Manual Intervention: STM and joint mobilization as needed

Phase IV (weeks 16-24) – Advanced Strengthening and Return to Activity

Notes: Progression to this phase is based on functional status and strength achieved. Patients may or may not be appropriate for this phase of rehabilitation.

Exercises:

Continue strengthening – progress to overhead if appropriate

Advanced closed chain exercises

Proprioception exercises

Plyometric exercises

*Focus on treatments to progress endurance with high-exertion daily activities, work, and recreational activities at or below shoulder level.

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Date